



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-01	BOARD MEETING: August 16, 2011	PROJECT NO: 11-037	PROJECT COST: Original: \$0
FACILITY NAME: Oak Forest Hospital		CITY: Oak Forest	
TYPE OF PROJECT: Non-substantive			HSA: VII

DESCRIPTION: Cook County Health and Hospital System ("the applicant") is requesting to discontinue Oak Forest Hospital. There is no cost to the project.



EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- Cook County Health and Hospital System ("the applicant") is requesting to discontinue Oak Forest Hospital. There is no cost to the project. **The anticipated project completion date is September 1, 2011.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project proposes a discontinuation of a health care facility as defined by the Act (20 ILCS 3960).

TIMELINE:

- This project was originally submitted as **Project #10-078** in November 2010. A public hearing on **Project #10-078** was held January 20, 2011. **Project #10-078** was given an Intent to Deny at the March 2011 State Board Meeting and a second public hearing was held April 18, 2011. **Project #10-078** was issued a Final Denial at the May 2011 State Board Meeting.
- In a letter dated May 31, 2011 the Cook County Health and Hospital System notified the State Board that Oak Forest Hospital has reduced the number of medical surgical beds from 137 to 12 medical surgical beds and have temporarily suspended intensive care, rehabilitation and long term care services in accordance with the State Board rules. (77 IAC 1130.240 – Reporting and Notification Requirement). According to the applicant *"the temporary suspensions were necessitated by immediate, severe clinical and non clinical staffing shortages at Oak Forest Hospital due to unanticipated difficulties in securing regulatory approval to discontinue inpatient operations at Oak Forest Hospital."* In addition the applicant notified the Illinois Department of Public Health of their intent to close Oak Forest Hospital pursuant to the Hospital Licensing Act (77 IAC 250.120). *The licensee shall notify the Department of the impending closure of the hospital, at least 90 days prior to such closure. The hospital shall be responsible for the removal and replacement of patients. The hospital shall implement the policies for preservation of patient medical records and medical staff credentialing files in accordance with Section 250.1510(d)(2) and Section 250.310(a)(16).*
- On June 7, 2011 Cook County Health and Hospitals System filed a **second application** to discontinue Oak Forest Hospital-**Project #11-037**. This application was deemed complete on June 10, 2011. In June 2011 the President of the Cook County Board announced the creation of an 11 member Southland Health Advisory Counsel to provide input on the healthcare needs of the Southland community. A public hearing was held on **Project #11-037** on July 14, 2011. 41 individuals were in attendance but provided no testimony. 18 individuals provided supporting testimony and 20 individuals spoke in opposition.



PURPOSE OF PROJECT:

- **The purpose of Project #11-037** is to discontinue acute care services at Oak Forest Hospital. These services include a 137 bed medical surgical service, an 8 bed intensive care service, a 58 bed rehabilitation service, and a 10 bed long term care service. In addition the hospital operates a stand-by emergency department that will be discontinued along with surgical services. These services are anticipated to be discontinued by September 1, 2011 pending State Board approval. Regarding surgical services the applicant would first have to **apply for a certificate of need to establish an ambulatory surgical treatment center. According to the strategic plan surgical services would be established in FY 2012 pending State Board approval.**

REASON FOR THE PROJECT:

- According to Cook County Health and Hospital System this project is being submitted because Oak Forest Hospital is no longer an economically viable acute care hospital.

AMBULATORY NON HOSPITAL SERVICES

- With the closure of Oak Forest Hospital the applicant is proposing to establish **ambulatory non hospital services** at the Oak Forest campus that will provide the following services:

Cardiology, Endocrinology, General Surgery, Nephrology, Neurology, Podiatry, Gastroenterology, Optometry, Ophthalmology, Orthopedics, Psychiatry, Rehabilitation, Primary Care, Pain Management, Infectious Disease, Urology and Immediate Care Services. **Immediate Care Services will operate 24 hours a day 7 days a week.**

Of these services, all but Urology would be available as of the beginning of September 2011 (September 1 or 2). The Standby Emergency Department would be converted to the 24/7 Immediate Care Center at the beginning of September. Existing outpatient services would be expanded at the beginning of September in Cardiology, Endocrinology, General Surgery, Nephrology, Neurology, Podiatry, Gastroenterology, Optometry, Orthopedics, Psychiatry, Rehabilitation, and Primary Care. All these services reference physician office visits and related diagnostic procedures; in particular, "General Surgery" does not refer to surgical procedures, but instead refers to consultations with surgeons. New service lines in Pain Management and Infectious Disease would be available at the beginning of September, as well. Once a new Urologist is recruited, Urology services would be added during Phase I, but likely not at the beginning of September. Please refer to pp. 464-466 of the application for detailed information. In addition to current and future outpatient visits, the Oak Forest campus provides clinical lab, diagnostic radiology, diagnostic cardiology, diagnostic gastroenterology, and diagnostic neurological testing services.

According to the applicant the nature of outpatient services will include physician and allied health professional examinations and related outpatient testing in all areas (such as blood tests, urine tests, cultures, hemocults, blood glucose, pap smears, EKGs, X-rays, ultrasound, CT scans, nuclear medicine testing) and in specialty care areas (such as



treadmill stress testing, Holter monitors and Echocardiography for cardiology, and EMG for neurology, visual field examinations and slit lamp examination in Ophthalmology and Audiologic testing in speech and hearing).

Primary care would include to some extent internal medicine, family medicine and gynecology visits and referrals for preventative care in these areas such as general blood and laboratory work, general imaging referrals, pap smears and referral to specialists for diagnostic or screening exams/tests and general referrals for specialty care as needed. Psychiatry services will include physician, psychology and social services support/therapy, along with medication level testing as necessary. Rehabilitation services provided will include outpatient physical, speech and occupation services. Infectious disease services will include general physician visits and monitoring of infectious diseases and wound care as well as services related to chronic infectious diseases such as sexually transmitted diseases, hepatitis and tuberculosis. Urology care will include general physician visits and testing and prostate screenings. Pain management would include a combination of primary care services, rehabilitation services and medication administration management for patients experiencing chronic pain from injury or disease. It is the goal of the outpatient center that services will be coordinated through a primary care provider (internal medicine, family medicine or gynecologist).

SERVICES PROVIDED JUNE 1-JUNE 30, 2011:

- According to the applicant the Standby Emergency Department had 2,310 visits during this timeframe. There were approximately 4,172 non-emergency department outpatient visits on the Hospital campus, including 887 primary care visits, 2,178 specialty care visits, and approximately 975 outpatient rehab visits. These visit statistics do not include outpatient clinical lab, diagnostic radiology and other diagnostic procedures.

CONCLUSIONS:

- The proposed discontinuation will increase the number of ICU and long term care beds needed in the planning area. Health care facilities in this planning area have indicated they will assume the inpatient workload of Oak Forest Hospital; however it is unclear whether these same facilities would assume the outpatient workload should the County not be able to fund the Regional Outpatient Center. Given the large number of safety net patients Oak Forest Hospital provides service for; it does appear that the proposed discontinuation will have an adverse impact on the access to care in the service area.

**STATE AGENCY REPORT****Oak Forest Hospital****PROJECT #11-037**

Applicants	Cook County Health and Hospitals System
Facility Name	Oak Forest Hospital
Location	Oak Forest
Application Received	June 7, 2011
Application Deemed Complete	June 10, 2011
Review Period Ended	August 9, 2011
Review Period Extended by the State Agency	No
Public Hearing Requested	No
Applicants' Deferred Project	No
Can Applicants Request Another Deferral?	Yes
Applicants' Modified the Project	No

I. The Proposed Project

The applicant proposes to discontinue Oak Forest Hospital a 213 bed acute care hospital. The categories of service to be discontinued are medical surgical (137 beds), intensive care (8 beds), comprehensive physical rehabilitation (58 beds), and long-term care (10 beds). In addition emergency and surgical services are also to be discontinued. There is no cost associated with this project.

II. Summary of Findings

A. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1110.

B. The provisions of Part 1120 are not applicable.

III. General Information

The applicant is Cook County Health and Hospitals System. The Health System owns three acute care hospitals; Stroger Hospital, Provident Hospital, and Oak Forest Hospital. Oak Forest Hospital is located at 15900 S. Cicero, Oak Forest, Illinois in the HSA 7 hospital service area, the A-04 hospital planning area and the 7-E long term care planning area in Cook County. The operating entity licensee is Cook County Health and Hospitals System. The owner of the site is County of Cook. There are ten additional hospitals in the A-04 planning area. These hospitals are Advocate Christ Medical Center (Oak Lawn), Advocate South Suburban Hospital (Hazel Crest), Ingalls Memorial Hospital (Harvey),



LaGrange Memorial Hospital (LaGrange), Little Company of Mary Hospital (Evergreen Park), Palos Community Hospital (Palos Heights), RML Health Providers, LP (Hinsdale), Metro South Medical Center (Blue Island), and St James Hospital & Health Center, (Olympia Fields), St. James Hospital & Health Center (Chicago Heights).

Table One below details the facilities within the A-04 planning area, the distance and travel time from Oak Forest Hospital and the number of beds and their 2009 utilization as of December 31, 2009 for the categories of service being discontinued by Oak Forest Hospital.

TABLE ONE Facilities within the HSA-04 Planning Area											
Facilities	City	Adjusted	Distance	Beds	Occ.	Beds	Occ.	Beds	Occ.	Beds	Occ.
				M/S		ICU		Rehabilitation		Long Term Care	
Oak Forest Hospital	Oak Forest	0	0	137	29.6%	8	60.9%	58	21.2%	10	50.1%
Advocate South Suburban Hospital	Hazel Crest	9.2	4.64	207	55.8%	20	74.0%	0	0.0%	41	0
Ingalls Memorial Hospital	Harvey	9.2	4.41	355	44.7%	26	65.0%	53	65.0%	0	0
St. James Hospital & Health Ctr.	Olympia Fields	11.5	6.6	139	74.7%	25	65.9%	0	0.0%	0	0
MetroSouth Medical Center	Blue Island	13.8	6.65	319	31.0%	28	86.5%	0	0.0%	0	0
Palos Community Hospital	Palos Heights	17.25	8.35	306	65.9%	36	43.0%	0	0.0%	0	0
Advocate Christ Medical Center	Oak Lawn	21	8.54	378	88.1%	103	89.5%	37	89.6%	0	0
St. James Hospital & Health Center	Chicago Heights	21.85	10.92	230	50.9%	20	60.6%	30	56.6%	0	0
Little Co. of Mary Hospital & Health Ctr.	Evergreen Park	25.3	12.41	208	68.0%	29	72.9%	0	0.0%	0	0
Adventist LaGrange Memorial Hospital	Lagrange	34.5	17.34	165	48.4%	27	94.6%	0	0.0%	0	0
<ul style="list-style-type: none"> Time and Distance determined by MapQuest and adjusted per 77 IAC 1100.510 (d) Occupancy percentages taken from 2009 Hospital Questionnaires RML Health Providers, LP in Hinsdale is a long term care acute care hospital and is not included in this table because the facility does not provide acute care services. 											

The July 2011 Update to the Inventory of Hospital and Long Term Care Services shows a computed excess of 503 medical surgical pediatric beds, an excess of 36 obstetric beds, an excess of 85 rehabilitation beds, and a need for 21 intensive care beds and 253 long term care beds in the A-04 hospital planning area and 7-E long term care planning area.



TABLE TWO Bed Need/Excess				
Service	Approved Beds	Calculated Bed Need	Beds Needed	Excess
Medical Surgical	2,536	2,033		503
Intensive Care Services	322	343	21	
Obstetric	197	161		36
Rehabilitation	542	457		85
Long Term Care	8,989	9,242	253	

The project is non-substantive and subject to Part 1110 review. Project obligation will occur at time of permit issuance (per 77 IAC 1130.140 and 1130.720(b)). **The anticipated project completion date is September 1, 2011.**

Table Three outlines the average length of stay ("ALOS"), average daily census ("ADC") and utilization for the applicants' facility. Table Four outlines the number of patients by payor source and Table Five outlines the amount of revenue by payor source. This information is furnished by the applicants in response to the 2009 Illinois Department of Public Health's ("IDPH") Annual Hospital Questionnaire.

TABLE THREE Oak Forest Hospital								
Service	Authorized Beds*	Admissions	Patient Days	ALOS	ADC	Occupancy	Occ Target	Met Occ.
Med/Surg	137	1,964	11,693	5.95	32.0	23.4%	85%	No
ICU	8	584	1,999	3.42	3.43	42.9%	60%	No
Rehabilitation	58	225	4,210	18.71	11.53	20.0%	75%	No
Long Term Care	10	0	1,806	0	0	0	85%	No
TOTALS	213	2,773	19,708					
Information provided by the applicants for the period 05/1/2010-04/30/2011								

TABLE FOUR Oak Forest Hospital- Number of Patients by Payor Source						
Payment Source	Inpatient		Outpatient		Total	
	Number of Patients	Percentage	Number of Patients	Percentage	Number of Patients	Percentage
Medicare	256	9.18%	11,346	11.80%	11,602	11.72%



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

TABLE FOUR						
Oak Forest Hospital- Number of Patients by Payor Source						
Payment Source	Inpatient		Outpatient		Total	
	Number of Patients	Percentage	Number of Patients	Percentage	Number of Patients	Percentage
Medicaid	598	21.45%	12,823	13.33%	13,421	13.56%
Other Public	0	0.00%	-	0.00%	0	0.00%
Private Insurance	58	2.08%	2,652	2.76%	2,710	2.74%
Private Pay	1,112	39.89%	12,891	13.40%	14,003	14.15%
Charity Care Expense	764	27.40%	56,471	58.71%	57,235	57.83%
Totals	2,788	100.00%	96,183	100.00%	98,971	100.00%
Source: IDPH 2009 Annual Hospital Questionnaire.						

TABLE FIVE						
Oak Forest Hospital - Amount of Revenue by Payor Source						
Payment Source	Inpatient		Outpatient		Total	
	Revenue	Percentage	Revenue	Percentage	Revenue	Percentage
Medicare	\$2,530,711	2.93%	\$1,910,932	19.02%	\$4,441,643	4.61%
Medicaid	\$83,611,186	96.80%	\$7,465,523	74.31%	\$91,076,709	94.46%
Other Public	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Insurance	\$158,373	0.18%	\$453,104	4.51%	\$611,477	0.63%
Private Pay	\$75,678	0.09%	\$216,515	2.16%	\$292,193	0.30%
Total	\$86,375,948	100.00%	\$10,046,074	100.00%	\$96,422,022	100.00%
Charity Care Expense ⁽²⁾	\$7,960,885	9.22%	\$16,864,018	167.87%	\$24,824,903	25.75%
1. Information taken from 2009 IDPH Hospital Questionnaire						
2. Charity Care Expense total shown as a percentage of Total Net Revenue						

Support and Opposition Comments

A public hearing was held on July 14, 2011. 41 individuals were in attendance but provided no testimony. 18 individuals provided supporting testimony and 20 individuals spoke in opposition. Below is a sample of the support and opposition comments submitted at the public hearing.

Franciscan St. James Health CEO Seth C.R. Warren stated *"that the proposed transformation of the Oak Forest Hospital into a Regional Outpatient Center makes sense from a public health and economic viewpoint. St. James is willing to and has been accepting former patients from Oak Forest, without discrimination, condition, or*



limitation."

Advocate South Suburban Hospital Michael Englehart CEO stated *"With regard to our ability to provide care to Oak Forest Hospital patients we do have capacity to care for Oak Forest patients and would do so without restrictions, conditions, or limitation or discrimination.*

Ingalls Health System Kurt E. Johnson CEO stated *"we support continued operation of the immediate care center and expansion of outpatient services. In addition, Ingalls, working in cooperation with other area hospitals, has the ability to assume patients who traditionally sought services at Oak Forest Hospital.*

MetroSouth Medical Center Enrique Beckman, MD CEO stated *" discontinuing Oka Forest Hospital as it currently operates is the first step toward bringing CCHHS patients the preventive, diagnostic, and specialty care they need."*

Advocate Christ Medical Center Dominica Tallarico stated *"with regard to our ability to provide care to Oak Forest Hospital patients, as the tertiary/quaternary hub for the Southland, Advocate Christ Medical Center would accept Oak Forest patients requiring tertiary or quaternary inpatient services to the extent our capacity allows."*

Advocate Trinity Hospital Michelle Gaskill Vice President of Nursing and Clinical Operations stated *"with regard to our ability to provide care to Oak Forest Hospital patients, we do have the capacity to care for Oak Forest patients and would do so without restrictions, conditions, limitation, or discrimination. We are committed to working with you throughout this transition, and into the future, to ensure that all patients in our community are cared for in the most appropriate setting."*

University of Chicago Medical Center Sharon O'Keefe President stated *"it is my understanding that other area hospitals have indicated a willingness and ability to absorb the current inpatient load at Oak Forest Hospital, and we anticipate no adverse impact on UCMC as a result of the closure of this hospital facility."*

Quentin Young Illinois Public Health Advocate stated *"South suburban Cook County will have greater benefits from a facility offering comprehensive primary and specialty services to thousands of patients than it will providing care for a small number hospitalized inpatients acute and long term."*

Access to Care stated *"the expansion of specialty care and specialty diagnosis at the Oak Forest campus would greatly benefit Access to Care patients who live in the*



southern suburbs, who no longer have to travel the considerable distance to Stroger Hospital."

Leslie J. Curtis National Nurses Organizing Committee stated "as of June 30, 2011 there were a 145 transfers of Oak Forest patients to other facilities. Of those transfers, 122 were sent to Stroger Hospital. Patients transferred to the Stroger facility, spent 24 to 48 hours in the Stroger Emergency Room before being admitted. Of the 145 patients that were transferred by ambulance only South Suburban took Oak Forest patients. The other listed facilities refused to accept our patients due to the patient's inability to pay in most cases."

Council 31 AFSCME Adrienne M. Alexander stated "I am here once again to urge you to reject the Health System's request for approval of what is essentially the closure of Oak Forest Hospital as an inpatient facility. We believe that this closure will result in less access to care and diminished services for the South Suburban communities that depend on the hospital to meet critical health care needs. These communities have the highest rates of unmet healthcare needs, and this closure will only worsen that situation."

Cheryl McGruder stated "I want the hospital kept open because it is in my area and provides care for us that cannot pay for health care. They cannot make it to those neighboring hospitals that say they will help them."

Donna A. Barron stated "The southern suburb's needs this hospital. The residents have always counted on Oak Forest Hospital to take care of their needs. Not a clinic, a hospital. With our economy, homeless people, lost jobs, and foreclosure the residents haven't any where to go but Oak Forest Hospital. The fact is that our residents with no jobs, homeless, and foreclosure don't have the money for public transportation for three hours to go to Stroger Hospital. "

IV. SAFETY NET IMPACT STATEMENT

A Safety Net Impact Statement was provided as required by the applicants. The applicant stated "the Cook County Health and Hospital System, and those most expert and committed to safety net healthcare delivery, concur that the plan for transformation of Oak Forest will positively benefit those most in need. CCHHS believe that the decision to discontinue hospital services at Oak Forest will result in the highest return on the System's substantial but limited, resources devoted to safety net care. Reinvesting the hospital resources in expanded ambulatory care will permit greatly more patient being treated nearer to where they live for a wider range of services. This conclusion followed months of study, community needs assessments, financial analysis, and organized outreach to stakeholders and safety net partners." See Table Six and Seven below.



TABLE SIX Oak Forest Hospital Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2009	2008	2007
Inpatient	764	446	277
Outpatient	56,471	38,662	22,461
Total	57,235	39,108	22,738
Charity (cost in dollars)			
Inpatient	\$7,960,885	\$4,857,858	\$1,610,983
Outpatient	\$16,864,018	\$11,983,323	\$1,755,761
Total	\$24,824,903	\$16,841,181	\$3,366,744
MEDICAID			
Medicaid (# of patients)	2009	2008	2007
Inpatient	598	1,620	1,984
Outpatient	12,823	12,851	12,857
Total	13,421	14,471	14,841
Medicaid (revenue)			
Inpatient	\$83,611,186	\$40,232,627	\$61,113,982
Outpatient	\$7,465,523	\$5,659,989	\$8,101,678
Total	\$91,076,709	\$45,892,616	\$69,215,660

TABLE SEVEN Oak Forest Hospital Charity Care Information			
	FY 2009	FY 2008	FY 2007
Net Patient Revenue	\$100,511,313	\$46,312,262	\$75,029,785
Amount of Charity Care (charges)	\$22,777,202	\$15,223,275	\$3,202,664
Cost of Charity Care	\$24,050,865	\$15,316,551	\$3,545,594
Ratio of Charity Care Cost to net patient revenue	24%	33%	5%

The applicant notes the following: "As to the FY 2008 net revenue being lower than in years 2007 or 2009 this deviation was largely due to the phase out of Medicaid "UPL" supplemental payments. This phase out impacted primarily the revenues in FY 2008. The FY2008 numbers is taken from the audited financials with respect to cost/charge ratio, that our costs have exceeded our charges because the charges were not modernized into a contemporary charge master. Much work has been done on this the last couple of years. The FY2008 financials note that System-wide costs exceeded charges." UPL is



the "upper payment limit" for federal matching funds related primarily to hospital payments that are calculated based upon the volume of fee for service care provided.

V. Review Criterion 1110.130 - Discontinuation

The criterion states:

"a) The applicants must provide the following:

- 1) the reasons for the discontinuation;**
- 2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;**
- 3) the availability of other services or facilities in the planning area that are available and willing to assume the applicants' workload without conditions, limitations, or discrimination;**
- 4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and**
- 5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use."**

b) Each application for discontinuation will be analyzed to determine:

1. The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

- 1) Insufficient volume or demand for the service;**
- 2) Lack of sufficient staff to adequately provide the service;**
- 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;**
- 4) The facility or the service is not in compliance with licensing or certification standards.**

b) Reasons for Discontinuation – Review Criterion



The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

- 1) Insufficient volume or demand for the service;
- 2) Lack of sufficient staff to adequately provide the service;
- 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;
- 4) The facility or the service is not in compliance with licensing or certification standards.

c) **Impact on Access – Review Criterion**

The applicant shall document that the discontinuation of each service or of the entire facility will not have an adverse impact upon access to care for residents of the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

- 1) The service will no longer exist within 45 minutes travel time of the applicant facility;
- 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFPB's website;
- 3) Facilities or a shortage of other categories of service at determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

The applicant is proposing to discontinue 137 medical surgical beds, 8 intensive care beds, 58 comprehensive rehabilitation beds, 10 long term care beds as well a stand by emergency department and surgical services. The anticipated date of discontinuation is September 1, 2011 pending State



Board approval. Portions of the physical plant will be used for ambulatory non hospital based services. The emergency department will be replaced by an immediate care facility. The applicant is anticipating the 115,000 immediate care center and other outpatient visits in its first full year. Medical records will continue to operate at Oak Forest Hospital, all past patient records will be retained for a period as required by statute (10 year). In addition, many patient records are electronic, and will be stored and backed-up on remote System Health Information Services servers.

The applicant has stated that Oak Forest Hospital is no longer economically viable as an inpatient facility. According to the applicant the decision to discontinue Oak Forest Hospital was reached after a lengthy, systematic, open, and public strategic planning process over 15 months. The strategic plan was approved by the Cook County Health and Hospital System Board of Directors in June 2010 and from the Cook Board of Commissioners in July 2010. See pages 38 to 51 of the application for permit for a complete discussion. The applicant notes that *“numerous hospital leaders, public policy experts, and other endorse the CCHHS Strategic Plan and the proposed transformation of Oak Forest Hospital into a Regional Outpatient Center.”*

There are existing services within 45 minutes of the applicant’s facility. The proposed closure of Oak Forest Hospital will result in an excess of 366 medical surgical pediatric beds, an excess of 27 rehabilitation beds, **and a need for 29 intensive care beds and 263 long term care beds.**

TABLE EIGHT						
Update to the Inventory of Hospital and Long Term Care Services A-04-7-E						
Category of Service	Existing Beds	Total Beds Needed	Additional Beds Needed	Excess Beds	Proposed Disc.	Excess (Need)
Medical Surgical Pediatric	2,536	2,033	0	503	137	366
Intensive Care	322	343	21	0	8	(29)
Rehabilitation	542	457	0	85	58	27
Long Term Care	9,242	8,989	253	0	10	(263)

- “3. That the discontinuation project will not have an adverse affect on the health delivery system by creating demand for services which cannot be met by existing area facilities;”**

The proposed discontinuation will add to the number of ICU beds and



Long term care beds needed in the planning areas. The applicant contacted 36 hospitals and 119 long term care facilities asking for the impact the proposed discontinuation would have on the facilities within 45 minutes of Oak Forest Hospital. Impact letters were provided in the application for permit and the responses are summarized below.

Advocate South Suburban Hospital stated *they were pleased to be working with the applicants on the proposed project, and agree that a robust immediate care facility on the Oak Forest campus is essential to Southland's health delivery system and meets an important need in their community. The applicants also noted they have the capacity to care for Oak Forest patients, and would do so without restrictions, conditions, limitations, or discrimination.*

Ingalls Memorial Hospital stated *they would not oppose the discontinuation of Oak Forest Hospital. In addition Ingalls Memorial Hospital has the ability to assume patients that have traditionally sought services at Oak Forest Hospital without restrictions, conditions, limitations, or discrimination.*

MetroSouth Medical Center stated *their support for the proposed project, calling it "good public policy". In their letter, MetroSouth agrees that the provision of health care in the South land area must be reevaluated, and that low-income residents must have increased access to primary care physicians and specialists, when needed. MetroSouth agreed that sufficient resources exist in the area to serve those displaced by the closure of Oak Forest Hospital, to include their facility in Blue Island.*

Advocate Trinity Hospital stated *they acknowledge the need to discontinue inpatient services at Oak Forest Hospital, and support the efforts to continue Oak Forest's health care mission by accepting any displaced patients without restrictions, conditions, limitations, or discrimination. In their letter, Advocate Trinity stated they have the capacity to care for Oak Forest patients, and would be committed to working with the applicants through the proposed transition period.*

Palos Community Hospital stated *because of the aging physical plant and the large modernization project ongoing we do not believe we have the capacity to assume additional volumes at this time.*

Jackson Park Hospital stated *that they had the capacity to assume the entire patient load of Oak Forest Hospital without restrictions, conditions, limitations, or discrimination.*

Silver Cross Hospital stated *that they do not expect any adverse impact from*



the closure of Oak Forest Hospital.

Mercy Hospital *voiced their support for Oak Forest's project, and urged the State Board's approval of said project. Mercy Hospital is dedicated to its mission as a Safety Net Hospital, and will continue to operate in that capacity as the face of healthcare transitions in the Southland neighborhoods.*

South Shore Hospital *stated that they have the capacity to assume 90% of the medical surgical and intensive care volume at Oak Forest Hospital.*

Holy Cross Hospital *stated that they strongly support the reallocation of resources from inpatient to outpatient settings, and feel this transition will benefit their efforts to provide follow-up care and outpatient care to their patient base.*

Sinai Health System *offered their support for the proposed project, and in their letter, said they would make the best of their limited resources to provide care for any displaced patients. Sinai Health System supports Oak Forest's efforts to streamline the provision of health care in the Southland community, and encourages the State Board to approve their proposed discontinuation.*

Vanguard Health System *offered it support for Oak Forest's bid to discontinue its inpatient service, and supports its bid to establish outpatient safety net services. Vanguard has four hospitals in the suburban Chicago area (Louis A. Weiss, MacNeal, West Suburban, and Westlake Medical Centers), and feels Oak Forest's plan (Vision 2015), embodies long-term commitment to expand safety net services in the areas served by its hospitals.*

Northwestern Memorial Healthcare *offered its support for the proposed project as part of its "Patients First" mission, which includes a strong commitment to quality of care, regardless of ability to pay. Northwestern Memorial Healthcare believes Oak Forest's decision to transform its limited capacity inpatient service into a comprehensive outpatient safety net service will bring value to the County's underserved population.*

Rush University Medical Center *supports the proposed project, calling it "sound public policy that will benefit the largest number of patients". Rush University has closely and productively partnered with Cook County Health & Hospitals System for nearly twenty years, and will continue to do so as it refines its model of healthcare delivery to the region.*

University of Chicago Medical Center *said they strongly support the proposed project, and view it efforts to transform the delivery of healthcare in the*



Southland as good public policy. In its letter, the University of Chicago has indicated its willingness and ability to absorb the current inpatient load at Oak Forest, and anticipate no adverse effect in ongoing operations at UCMC.

Advocate Christ Medical Center and Hope Children Hospital stated with regard to providing care to patients of Oak Forest Hospital, Christ and Hope have historically operated at or above their functional capacities, and will accept patients from the Oak Forest facility requiring tertiary, quaternary inpatient services to the extent their capacity allows. The applicants state they are pleased to hear the Oak Forest emergency department will transition to Immediate Care without disruptions and patients will have access to the facility on evenings and weekends. The applicants also envision the expansion of outpatient services to the community through the planned expansion of their ambulatory pavilion (Project #11-019).

Various support letters were also received by Non-Hospital entities, calling the project sound public policy, and offering their support in their respective capacities. The applicants included letters from area Long Term Care Facilities. The application contains 8 letters, representing 14 LTC facilities. Of these letters, only one expressed its inability to provide care for patient displaced by the proposed project. Various civic and community agencies noted their continued support for Oak Forest's efforts to keep health care and the provision of quality health care viable in Oak Forest.

In summary, the proposed discontinuation will increase the need for ICU and long term care beds in the planning areas (See Table 8). It is also unclear how the residents of the planning area will have access to care should the Regional Outpatient Center not materialize. Given the large number of safety net patients Oak Forest Hospital provides care for; it does appear that the proposed discontinuation will have an adverse impact on the access to care in the service area.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE DISCONTINUATION REVIEW CRITERION (77 IAC 1110.130).

11-037 Oak Forest Hospital - Oak Forest



Ownership, Management and General Information			Patients by Race		Patients by Ethnicity	
ADMINISTRATOR NAME:	Sylvia Edwards		White	29.3%	Hispanic or Latino:	11.7%
ADMINSTRATOR PHONE	708-633-2000		Black	61.7%	Not Hispanic or Latino:	88.3%
OWNERSHIP:	Cook County Municipality		American Indian	0.2%	Unknown:	0.1%
OPERATOR:	Cook County Board of Commissioners		Asian	1.9%	IDPH Number:	1743
MANAGEMENT:	County		Hawaiian/ Pacific	0.1%	HPA	A-04
CERTIFICATION:	None		Unknown:	6.8%	HSA	7
FACILITY DESIGNATION:	Rehabilitation Hospital					
ADDRESS	159th & Cicero Avenue	CITY: Oak Forest	COUNTY:	Suburban Cook County		

Facility Utilization Data by Category of Service										
Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	137	53	53	2,452	14,535	291	6.0	40.6	29.6	76.6
0-14 Years				0	0					
15-44 Years				827	4,418					
45-64 Years				1,386	7,014					
65-74 Years				164	1,392					
75 Years +				75	1,711					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	8	8	8	513	1,778	0	3.5	4.9	60.9	60.9
Direct Admission				18	96					
Transfers				495	1,682					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	10	6	6	1	1,829	0	#####	5.0	50.1	83.5
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	58	24	24	317	4,492	0	14.2	12.3	21.2	51.3
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	213			2,788	22,634	291	8.2	62.8	29.5	
(Includes ICU Direct Admissions Only)										

Inpatients and Outpatients Served by Payor Source							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	9.2%	21.4%	0.0%	2.1%	39.9%	27.4%	
Inpatients	256	598	0	58	1112	764	2,788
	11.8%	13.3%	0.0%	2.8%	13.4%	58.7%	
Outpatients	11346	12823	0	2652	12891	56471	96,183
<u>Financial Year Reported:</u>	12/1/2008 to	11/30/2009	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
Inpatient Revenue (\$)	2.9%	96.8%	0.0%	0.2%	0.1%	100.0%	
	2,530,711	83,611,186	0	158,373	75,678	86,375,948	7,960,885
Outpatient Revenue (\$)	19.0%	74.3%	0.0%	4.5%	2.2%	100.0%	
	1,910,932	7,465,523	0	453,104	216,515	10,046,074	16,864,018
							Totals: Charity Care as % of Net Revenue
							25.7%

Birthing Data			Newborn Nursery Utilization			Organ Transplantation		
Number of Total Births:	0		Level 1 Patient Days	0		Kidney:	0	
Number of Live Births:	0		Level 2 Patient Days	0		Heart:	0	
Birthing Rooms:	0		Level 2+ Patient Days	0		Lung:	0	
Labor Rooms:	0		Total Nursery Patientdays	0		Heart/Lung:	0	
Delivery Rooms:	0					Pancreas:	0	
Labor-Delivery-Recovery Rooms:	0					Liver:	0	
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:	0	
C-Section Rooms:	0							
CSections Performed:	0							

* Note: According to Board action on 4/22/09, Board reduced 890 beds (LTC=884, Rehab=6) overall voluntarily. New CON count for the facility is 213 beds

Surgery and Operating Room Utilization

Surgical Specialty	Operating Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	2	2	165	465	176	464	640	1.1	1.0
Gastroenterology	0	0	0	0	27	23	27	27	54	1.0	1.2
Neurology	0	0	0	0	2	23	1	28	29	0.5	1.2
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	130	0	151	151	0.0	1.2
Orthopedic	0	0	0	0	12	124	7	408	415	0.6	3.3
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	34	57	47	96	143	1.4	1.7
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	17	49	18	39	57	1.1	0.8
Totals	0	0	2	2	257	871	276	1213	1489	1.1	1.4
SURGICAL RECOVERY STATIONS				Stage 1 Recovery Stations		2	Stage 2 Recovery Stations		6		

Dedicated and Non-Dedicated Procedure Room Utilization

Procedure Type	Procedure Rooms				Surgical Cases		Surgical Hours			Hours per Case	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Gastrointestinal	0	0	0	0	0	0	0	0	0	0.0	0.0
Laser Eye Procedures	0	0	2	2	0	85	0	43	43	0.0	0.5
Pain Management	0	0	0	0	0	0	0	0	0	0.0	0.0
Cystoscopy	0	0	0	0	0	0	0	0	0	0.0	0.0
Multipurpose Non-Dedicated Rooms											
Podiatry	0	0	4	4	0	18	0	9	9	0.0	0.5
Ortho	0	0	3	3	0	17	0	9	9	0.0	0.5
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center by EMS	<input type="checkbox"/>	
Level of Trauma Service	Level 1 ---	Level 2 ---
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Stand-By
Number of Emergency Room Stations		16
Persons Treated by Emergency Services:		32,965
Patients Admitted from Emergency:		2,138
Total ED Visits (Emergency+Trauma):		32,965

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	85,217
Outpatient Visits at the Hospital/ Campus:	85,217
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment**Examinations****Radiation Equipment****Therapies/
Treatments**

	Owned	Contract	Inpatient	Outpatient		Owned	Contract	
General Radiography/Fluoroscopy	3	0	3,729	15,491	Lithotripsy	0	0	0
Nuclear Medicine	0	1	0	0	Linear Accelerator	0	0	0
Mammography	1	0	0	0	Image Guided Rad Therapy	0	0	0
Ultrasound	2	0	0	0	Intensity Modulated Rad Therap	0	0	0
Diagnostic Angiography	0	0	0	0	High Dose Brachytherapy	0	0	0
Interventional Angiography	0	0	0	0	Proton Beam Therapy	0	0	0
Positron Emission Tomography (PET)	0	0	0	0	Gamma Knife	0	0	0
Computerized Axial Tomography (CAT)	1	0	1,000	865	Cyber knife	0	0	0
Magnetic Resonance Imaging	0	0	0	0				